

Office of Health Care Assurance

**State Licensing Section**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Manoa Senior Living</b>	<b>CHAPTER 100.1</b>
<b>Address: 3147 Kahiwa Place, Honolulu, Hawaii 96822</b>	<b>Inspection Date: June 5, 2019 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 - "Neosporin 3.5-400-5000 oint Apply to superficial abrasions twice daily" ordered 3/25/19, 4/5/19, 4/16/19; however, the medication record noted "PRN." The medication label noted "twice daily."</p> <p>Resident #1 - "Dextromethorphan 10 mg-guaifenesin 100 mg/5 ml Take 5 ml by mouth every 4 hours as needed for cough" ordered 4/5/19, 4/16/19; however, the medication record noted "every 6 hours." The label noted every 4 hours as needed."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I called the physician's office - Explained that resident from time to time needs the Neosporin. Dr Fu's nurse added the PRN to the order. I noted the phone order on the Physician/APRN Record form. I will pick up the phy. order on the next visit. The new CVS Antibiotic ointment reads: "Apply to superficial abrasions twice daily or as needed" filled 6/7/19</p> <p>For the Dextromethorphan .... I corrected the "every 6 hours" to "every 4 hours": I lined out the 6 and I wrote in 4 and I initialed it. I also re wrote the entire page of the Medication Record - including the "every 4 hours" in black ink.</p> <p>For the Neosporin.... I also wrote in "or PRN" on the label of the original Neosporin label from the pharmacy</p>	<p>6/7/19</p> <p>6/13/19</p> <p>6/7/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No schedule of activities.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I completed the Plan of Care  And Schedule of Activities for  Resident #1</i></p>	<p><i>6/7/19</i></p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Blue ink used on the medication record (January 2019 and June 2019) and progress notes (June 2019).</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><b><u>FINDINGS</u></b> Two (2) kitchen receptacles did not have covers.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I removed the two Kitchen receptacles that did not have covers. Now there are two Kitchen receptacles that have covers. (one recently purchased; one already there)</i></p>	<p><i>6/13/19</i></p>



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Licensee's/Administrator's Signature: Laura Jackson

Print Name: LAURA JACKSON

Date: June 13, 2019